UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request:	2 Seri	erial/Patent #		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing				\$
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition			3/8	\$ (30)
Issue .			l	\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND \$		
		8 TO BE REFUNDED BY: /35 で		
10 REASON:		Treasury Check		
Overpayment		Credit Deposit A/C #:		
Duplicate Payment		9		
No Fee Due (Explanation):				
OFFITE MISLINED PAGES				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: 6000 TITLE:				
SIGNATURE: PHONE: 3058/89				
office:				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: Clease All DATE: 3/20/04				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

PORM PTO 1577 (01/90)